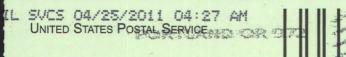
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Printed Name) MICHAEL . 14 WELLS	
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	
MICHAEL PAULETTO I & P INVESTMENTS 11204 NORTHWEST 37 CT VANCOUVER WA 98685	3. Service Type □ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise	
PB 4/12/2011 M0030060	□ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes	
2. Article Number (Transfer from service label) 7009 341	0 0001 4203 1607	
PS Form 3811, February 2004 Domestic Return Receipt 102595		



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Restricted Delivery Fee (Endorsement Required)		

Total Post

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4203

1000

3410

7009

Sent To MICHAEL PAULETTO
I & P INVESTMENTS
Street, Apr. 1
or PO Box N
11204 NORTHWEST 37 CT

City, State, 2 VANCOUVER WA 98685